

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 75
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Bruce A. Weiner

Mailing Address 9901 Emerald Links Dr

City State Zip Code
Tampa FL 33626-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Carrollwood

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : 4500B313F83B20294651

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bruce A. Weiner

Mailing Address 9901 Emerald Links Dr

City State Zip Code
Tampa FL 33626-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Carrollwood

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : EBB71D60857B4D18AD86

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Elizabeth La Von Westermann

Mailing Address 1517 Sadler Dr

City State Zip Code
North Liberty IA 52317-8047

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa College of Nursing

Occupation

Student Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : 49F29266A1F568BAD432

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)..... ►

480.41

TOTAL This Period (last page this line number only)..... ►